EXHIBIT A

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Attorney for Petitioner

IN THE CIRCUIT COURT OF THE SECOND CIRCUIT

STATE OF HAWAII

THE ESTATE OF SONNETTE MARRAS, Deceased. IN THE MATTER OF THE CONSERVATORSHIP OF M.P.C.F.S.M., A MINOR CHILD, AGE 5. IN THE MATTER OF THE CONSERVATORSHIP OF R.P.O.C.S.S.M., A MINOR CHILD, AGE 11. IN THE MATTER OF THE CONSERVATORSHIP OF M.P.C.I.H.S.M., A MINOR CHILD, AGE 1. IN THE MATTER OF THE CONSERVATORSHIP OF M.K.C.S.M., A MINOR CHILD, AGE 5.	P. No. 14-1-0016(2) (Formal) C. No. 14-1-0001(2) (Conservatorship of Minor) C. No. 14-1-0002(2) (Conservatorship of Minor) C. No. 14-1-0003(2) (Conservatorship of Minor) C. No. 14-1-0004(2) (Conservatorship of Minor) ORDER GRANTING IN FULL THE PETITION FOR ADJUDICATION OF INTESTACY AND APPOINTMENT OF PERSONAL REPRESENTATIVE [re: THE ESTATE OF SONNETTE MARRAS, Deceased; P. No. 14-1-0016(2)] HEARING: DATE: April 25, 2014 TIME: 8:15 a.m. JUDGE: Hon. Peter T. Cahill

ORDER GRANTING PETITION FOR ADJUDICATION OF INTESTACY AND APPOINTMENT OF PERSONAL REPRESENTATIVE

[re: THE ESTATE OF SONNETTE MARRAS, Deceased; P. No. 14-1-0016(2)]

The Petition for Adjudication of Intestacy and Appointment of Personal Representative filed herein on January 23, 2014, (hereinafter called the "Petition"), was originally heard on March 28, 2014, and at that time was granted in part as to the intestacy of the Decedent as entered in the Order Granting in Part and Continuing in Part Petition for Adjudication of Intestacy and Appointment of Personal Representative, filed on April 3, 2014. The remainder of the Petition was continued to enable Petitioner's counsel to effectuate personal service on the adult heirs of the above-entitled Estate.

The continued hearing took place on Friday, April 25, 2014, at 8:15 a.m. before the Honorable Peter T. Cahill, Judge of the Circuit Court of the Second Circuit, State of Hawaii. SCOTT C. SUZUKI, ESQ. appeared for said hearing by telephone on behalf of Petitioner GARY A. POWELL, Executive Director of The Caregiver Foundation, Inc.. The time required for notice have expired, and proof of notice has been made. On this basis, the Court finds:

1. The decedent died on October 4, 2013, at the age of 48;

2. Venue is proper for the reason stated in the Petition;

3. The proceeding was commenced within the

limitation prescribed in H.R.S. § 560:3-108;

4. At the time of death, the decedent was domiciled on the Island of Maui, State of Hawaii;

5. The heirs of the decedent are:

Name and Address	Relationship/ Interest	Birth date if Minor
M.K.C.S.M, a minor child age 5 c/o GARY A. POWELL, Executive Director of The Caregiver Foundation, Inc., as Guardian 891 Kamaaha Avenue Kapolei, Hawaii 96707	Son / ONE-SEVENTH INTEREST	As stated in the copy of birth certificate filed herein under seal pursuant to H.R.S. § 560:1-311, H.P.R. 3(d) and H.C.R.R. 9.
R.P.O.C.S.S.M., a minor child age 11 c/o GARY A. POWELL, Executive Director of The Caregiver Foundation, Inc., as Guardian 891 Kamaaha Avenue Kapolei, Hawaii 96707	Daughter / ONE-SEVENTH INTEREST	As stated in the copy of birth certificate filed herein under seal pursuant to H.R.S. § 560:1-311, H.P.R. 3(d) and H.C.R.R. 9.
M.P.C.F.S.M., a minor child age 5 c/o GARY A. POWELL, Executive Director of The Caregiver Foundation, Inc., as Guardian 891 Kamaaha Avenue Kapolei, Hawaii 96707	Daughter / ONE-SEVENTH INTEREST	As stated in the copy of birth certificate filed herein under seal pursuant to H.R.S. § 560:1-311, H.P.R. 3(d) and H.C.R.R. 9.
M.P.C.I.H.S.M., a minor child age 5 c/o GARY A. POWELL, Executive Director of The Caregiver Foundation, Inc., as Guardian 891 Kamaaha Avenue Kapolei, Hawaii 96707	Daughter / ONE-SEVENTH INTEREST	As stated in the copy of birth certificate filed herein under seal pursuant to H.R.S. § 560:1-

		311, H.P.R. 3(d) and H.C.R.R. 9
RONDEN SMITH-MARRAS aka RONDEN MARRAS 64 Kumano Drive Makawao, Hawaii 96768	Son / ONE-SEVENTH INTEREST	N/A
RONSON SMITH-MARRAS aka RONSON MARRAS 632 Meakanu Lane, Apt. 2204 Wailuku, Hawaii 96793	Son / ONE-SEVENTH INTEREST	N/A
RONSONNETTE SMITH-MARRAS aka RONSONNETTE MARRAS 95-2047 Waikalani Place, Apt. D203 Mililani, Hawaii 96789	Daughter / ONE-SEVENTH INTEREST	N/A

6. The decedent died intestate;

7. DEREK T. KAMIYA, ESQ. is entitled to act as Personal Representative of the above-entitled estate, and may bill for his services as he proposed in the Affidavit in Support of Personal Representative's Fees; and

8. Unsupervised administration may be maintained.

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that:

A. The Petition for Adjudication of Intestacy and Appointment of Personal Representative is granted in full;

B. DEREK T. KAMIYA, ESQ. is appointed Personal Representative of the above-entitled estate, and may bill for his services as he proposed in the Affidavit in Support of Personal Representative's Fees;

C. Letters of Administration shall issue to the Personal Representative, without bond;

D. Unsupervised administration may be maintained;

E. The Final Accounts shall be filed or served within three years from the date hereof; and

F. The Letters of Administration and authority of the Personal Representative shall expire three (3) years from the date hereof, unless renewed for good cause.

G. The fees and costs of the Petitioner's attorney incurred in connection to this Petition, plus general excise tax and costs as submitted by Declaration, are approved.

DATED: Wailuku, Hawaii, APR 2 9 2014.

/S/ PETER T. CAHILL (SEAL)

Judge of the Above-Entitled Court

P. No. 14-1-0016(2); C. No. 14-1-0001(2); C. No. 14-1-0002(2); C. No. 14-1-0003(2); C. No. 14-1-0004(2); THE ESTATE OF SONNETTE MARRAS, Deceased; IN THE MATTER OF THE CONSERVATORSHIP OF M.P.C.F.S.M., A MINOR CHILD, AGE 5; IN THE MATTER OF THE CONSERVATORSHIP OF R.P.O.C.S.S.M., A MINOR CHILD, AGE 11; IN THE MATTER OF THE CONSERVATORSHIP OF M.P.C.I.H.S.M., A MINOR CHILD, AGE 1; IN THE MATTER OF THE CONSERVATORSHIP OF M.K.C.S.M., A MINOR CHILD, AGE 5; ORDER GRANTING PETITION FOR ADJUDICATION OF INTESTACY AND APPOINTMENT OF PERSONAL REPRESENTATIVE.

AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION

I authorize _____ to release protected health information of the following:

Patient Name: Sonnette Marras Birthdate: June 07, 1965 .

To: Name of Recipient: _____

Address: _____ City, State, Zip: _____

Information to be disclosed:	*Purposes for Use and/or Disclosure
Date(s) of Service: _____	
☐ DISCHARGE SUMMARY ☐ ER REPORTS	☒ AT THE REQUEST OF THE INDIVIDUAL
☐ HISTORY & PHYSICAL ☐ LABORATORY RESULTS	☐ CONSULTATION / REFERRAL
☐ CONSULTS ☐ X-RAY/IMAGING	☐ INSURANCE
☐ OPERATIVE REPORTS ☐ REPORTS	☐ PHYSICIAN FOLLOW-UP
☐ ENTIRE RECORD	☐ OTHER _____
☐ OTHER: PLEASE SPECIFY: _____	

I authorize any and all of health care providers and health care facilities to release copies of records and other information, and to discuss my health and medical status with the Recipient named above.

DM (initial) I agree to the release of the following information should it be contained in my medical record: Acquired Immune Deficiency Syndrome (AIDS) or HIV, alcohol and/or drug abuse treatment, or behavioral or mental health services. Unless I specifically agree, the information will not be disclosed.

Unless otherwise revoked, this authorization will expire on the following date or event: _____
If date or event is not specified, this authorization will expire one year from my date of signature below.

This authorization is voluntary. I understand that I can refuse to sign this authorization and the above-named health provider will not condition my treatment, payment, enrollment or eligibility for benefits on the signing of this authorization except as allowed by law.

I understand that I may revoke this authorization at any time by notifying the above-named health care provider, in writing, of my revocation. I understand that the revocation will not apply to any information that is already released in reliance on this authorization.

I understand that the health information released under this authorization may be re-disclosed by the recipient and may no longer be protected under the federal privacy regulations.

I release the above-named health care provider from all liability and claims whatsoever pertaining to the disclosure of information as contained in the records released pursuant to this authorization.

A copy or fax of this release shall have the full force and effect of the executed original if accompanied by correspondence from

Requestor: _____
Signature Date: Print Name

Relationship: _____
Relationship to patient (complete only if requestor is not the patient)

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